UTAH DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS AND STATISTICS
Street Address: 288 North 1460 West
Mailing Address: PO Box 141012; Salt Lake City, Utah 84114-1012 www.silver.health.utah.gov

APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

Certificates for births that occurred in Utah since 1905 are on file in this office. Vital Records validation only **WARNING:** It is a criminal violation to make false statements on vital records application forms or to fraudulently obtain a birth certificate. INSTRUCTIONS An application must be completed for each birth requested. **DIS Required** of the person that signs this request. HAVE READY TO SHOW <u>EITHER</u> a current state issued ID (with a signature) OR TWO other proofs (from our acceptable identification list, on reverse). Please check your certificate(s) for accuracy. Your copy can only be replaced within 90 days from the issuance date. After 90 days you must repay applicable fees. If requestor does not respond to a written request for information within 90 days, Vital Records may retain all monies paid. IDENTIFYING INFORMATION FULL NAME AS IT SHOULD APPEAR ON CERTIFICATE DATE/PLACE OF BIRTH____ (Date) (City) (Hospital/Other Place of Birth) (County) FULL NAME OF FATHER (Birth Date) (State or Country) FULL NAME OF MOTHER (Maiden) (Birth Date) (State or Country) REQUESTOR RELATIONSHIP: I am: ☐ Self ☐ Mother ☐ Father ☐ Sibling ☐ Spouse ☐ Child ☐ Grandparent ☐ Grandchild ☐ Other (Specify) Your Signature_____ Date Printed Name______Telephone Number_____ Your Complete Mailing Address (City, State & Zip) Purpose for which the birth certificate is needed: □ Drivers License □ Social Security □ Passport □ School □ State Assistance Pgm. □ Other (Specify) ☐ Need a Certified copy of the Voluntary Declaration of Paternity NUMBER OF CERTIFIED COPIES REQUESTED 1 **Search** (non refundable) includes 1 Certified Copy \$ 20.00 + _____ Additional Certified Copies (\$8.00 each) \$_____ TOTAL FEE For OFFICE USE ONLY (do not write below) PAID: Check Cash Money Order Credit Card ☐ Wait ☐ Mail ☐ Pick Up

ID_____

Request #____

Clerk's Initials

UTAH DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS AND STATISTICS

Acceptable Identification List to Obtain Vital Records ID MUST BE CURRENT

Identification is required for all non-public Vital Records. Mailed requests must include an enlarged and easily identifiable photocopy of the back and front of your identification from the list below or your application will be returned. All identification must be current.

SECONDARY

DDIMADV

	(Need 4)		SECUNDAR I
	(Need 1)		(Need 2)
1	Government issued Photo	✓	Work Identification/Paycheck/W-2
	Driver's License	✓	School, University or College ID
/	Government issued Photo	_	Card
,	Identification	√	Voter Registration Card
/	Government issued work ID	/	Social Security Card
/	Employment Card	/	US Military Separation/DD-214
/	U.S. Military Identification Card	/	Motor Vehicle Registration/Title
/	Tribal Identification Card	√	Marriage License (not issued by
/	Pilot License		Utah
V	Alien Registration Card	,	State Vital Records)
1	Permanent Resident Card	V	Court Order or Court Documents
1	Temporary Resident Card	/	Jail/Prison documents Probation Documents
/	U.S. Passport Foreign Passport		Property Tax Receipt
/	U.S. Certification of Naturalization	./	Veterans Universal Access ID Card
./	Certificate of U.S. Citizenship	/	Selective Service Card
1	U.S. Citizen Identification Card	1	Hunting/Fishing License
1	Matricula Consular Card	/	Insurance cards or documents
1	Concealed Weapon Permit	1	Utility Bill
1	Mexican Voter Registration Card	/	Business License
✓	Jail/Prison Release Form (with picture)	✓	Professional License

We cannot accept:

Novelty ID CardDriving Privilege Card

If you cannot provide acceptable identification you may have a spouse, parent, grandparent, sibling, or adult child, who can provide appropriate identification request the certificate. Proof of relationship may be required.

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